# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**
**Apr 27, 2004**
**Secretary of State**

DOCUMENT# N96000006090

**Entity Name:** FRIENDS OF MOUNT ELIZABETH, INC.

**Current Principal Place of Business:**

4705 NE PALMETTO DR.
JENSEN BEACH, FL 34957

**New Principal Place of Business:**

681 NE ZEBRINA SENDA
JENSEN BEACH, FL 34957

**Current Mailing Address:**

P O BOX 194
JENSEN BEACH, FL 34958 US

**New Mailing Address:**

**FEI Number: 65-0750228** **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

KOEBE, BRUCE A
2477 N.E. DIXIE HIGHWAY
JENSEN BEACH, FL 34957

**Name and Address of New Registered Agent:**

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: _____

Electronic Signature of Registered Agent — Date

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete
Name: WHITICAR, JOHN
Address: 4705 N.E. PALMETTO DRIVE
City-St-Zip: JENSEN BEACH, FL 34957

Title: TD ( ) Delete
Name: CLARK, DENNIS
Address: 3849 S.E. QUANSET TERRACE
City-St-Zip: STUART, FL 34997

Title: SD ( ) Delete
Name: BANISTER, DONNA
Address: 3881 NE CHERI DRIVE
City-St-Zip: JENSEN BEACH, FL 34957

Title: ( ) Delete
Name:
Address:
City-St-Zip:

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: P (X) Change ( ) Addition
Name: HOLMES, COLLEEN J
Address: 681 NE ZEBRINA SENDA
City-St-Zip: JENSEN BEACH, FL 34957 US

Title: VP (X) Change ( ) Addition
Name: FIKE, GLORIA
Address: 2815 SE ST. LUCIE BOULEVARD
City-St-Zip: STUART, FL 34997 US

Title: S (X) Change ( ) Addition
Name: KORFAGE-AMBORN, DEBORAH
Address: 1009 NW FORK ROAD
City-St-Zip: STUART, FL 34994

Title: T ( ) Change (X) Addition
Name: CARMODY, KATHARINE
Address: 2588 SW REILLEY AVENUE
City-St-Zip: PALM CITY, FL 34990 US

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: COLLEEN J. HOLMES P 04/27/2004

Electronic Signature of Signing Officer or Director — Date